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AUTHOR David, Debra; Ehrenpreis, Tobi
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ABSTRACT

Expanding mental health services for the elderly are increasing the demand for trained paraprofessionals. Skills are identified which are needed by paraprofessionals providing psycho-social support services in a variety of gerontological settings in order to clarify appropriate paraprofessional functions and develop a model for competency-based curricula. A list of possible competencies was generated from an extensive literature review and evaluated by a panel of professionals and paraprofessionals from agencies serving the mental health needs of the elderly. Eleven basic competencies were judged "essential" or "important" for paraprofessionals. Ability to make appropriate referrals and intervention techniques were rated most essential. Each competency included general components applicable to mental health work with any age group and special components for work with the aged. (Author/BMW)

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MENTAL HEALTH PARAPROFESSIONALS IN GERONTOLOGY: COMPETENCIES FOR AN EXPANDING JOB ROLE[1]

Debra David, M.A. and Tobi Ehrenpreis, M.A.[2]

Paper presented to the 32nd Annual Meeting of the Gerontological Society, Washington, D.C., November, 1979.

It is widely recognized that the mental health needs of older people are underserved and that there is a shortage of personnel trained in aging and mental health. In this paper, we propose that trained paraprofessional workers can help fill these gaps. We also describe an effort to systematically define the functions which paraprofessionals can perform and the skills which they need in order to provide quality mental health care to the elderly.

The idea of using paraprofessionals to provide mental health services to older people is not new. (See Alley, et.al., 1979: Alpaugh and Haney, 1978; Lake, 1972; Rivesman, 1972.) Many community mental health agencies rely on paraprofessionals for such tasks as outreach, group work, and day care with older clients. Much of the treatment of older patients in state mental hospitals is carried out by mental health technicians. In the aging network, agencies such as senior centers, nutrition sites, and senior housing complexes frequently deliver mental health services using paraprofessional staff although the services are not always labeled "mental health" services. Psycho-social care in long-term care facilities, when it is available, is generally provided by paraprofessional activity workers and aides. In all these settings, paraprofessionals generally give direct service.

Despite the frequent use of paraprofessionals to provide mental health services to the elderly, there has been little effort to clearly define the tasks and skills appropriate to these workers. They are often viewed as "assistants" to professional workers rather than as workers with a distinctive role (Bayes and Neill, 1978). However, research indicates that clearly delineated roles are important for the effectiveness and morale of paraprofessional workers (Kremer and D'Aguiar, 1978).

The number of positions for paraprofessional mental health workers in aging is growing rapidly, especially since the mental health of older people has been targeted as a priority area by Federal agencies such as AoA, NIMH, and NIA. It has been estimated, however, that 80 to 90% of workers in aging have no specialized gerontology training (Martin, 1970); the proportion of mental health service providers who lack training in aging and mental health is probably higher. There have been very few training opportunities at the undergraduate level to prepare workers in both aging and mental health (see Sprouse, 1978). The potential for using paraprofessional mental health workers in gerontology to provide quality care cannot be fully tapped until we can identify appropriate roles for them and train them to perform those roles competently.

CG 014236

[1] Supported by NIMH grant 5-T41-MH-15276.

[2] Debra David is Director and Tobi Ehrenpreis is Program Developer, Gerontology Program, Elgin Community College, Elgin, IL 60120

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Elgin Community College received a grant from NIMH to develop a competency-based associate degree curriculum for mental health paraprofessionals in gerontology. The first task we faced was to determine exactly what competencies we would train students to master. We considered it imperative to prepare students for positions they could realistically expect to be hired for upon completion of training. Therefore, we asked potential employers - practitioners in community agencies and institutions serving the mental health needs of the elderly - to serve on an advisory council. The council became a panel of judges for the purpose of defining skills needed by mental health paraprofessionals in gerontology. Sixteen professionals and paraprofessionals in diverse roles in mental health agencies, nursing homes, residences of older people, a senior center, a nutrition program, senior organizations, etc., served on the council.

The process of identifying the competencies involved several phases.
Phase 1 - Developing a job list. To provide a frame of reference for identifying competencies, we first developed a list of paraprofessional positions related to mental health services for the elderly. Paraprofessional positions were defined as those requiring a baccalaureate degree or less. Mental health services were defined to include activities related to the prevention, diagnosis and/or treatment of mental illness. The list included "traditional" mental health roles such as mental health technician, outreach workers, and crisis counselor. It also included positions which are not formally considered mental health roles but include functions such as counseling, therapeutic activities, group work, etc. related to the psycho-social needs of older clients - senior center worker, housing advisor, activity director, information and referral worker, etc. (See Appendix A for job list.)

Phase 2 - Identifying possible competencies. Based on the job list, we generated a list of skills which might be required of those workers. We drew upon actual job descriptions, literature review, interviews with practitioners, and the varied experience of staff and council memebers.

Phase 3 - Screening possible competencies. The advisory council served as a panel to rate the possible skills on a four-point scale in terms of their importance for mental health paraprofessional roles with the elderly. We averaged the ratings and retained those which scored "essential" or "important". Skills which averaged "helpful but not required" or "unimportant" were dropped.) Several skills were rated "essential" by virtually every judge: ability to make appropriate referrals, communications skills, and ability to recognize physical signs and symptoms which require medical attention. Examples of skills which were not considered important enough to retain included: health care skills (such as transferring), homemaker skills (such as meal preparation), and arts and crafts skills. Council members noted that these competencies were relevant in a limited range of settings and could generally be learned through in-service training.

Phase 4 - Reformulating the competencies. The list of competencies which we retained was amorphous, so we regrouped them in a more systematic manner. We were able to reformulate them in line with the generic mental health/human services skills categories identified by the Southern Regional Education Board (McPheeters and King, 1971).

Within each generic competency are components applicable to mental health work with all age groups and components specific to work with the elderly. (See Appendix B for competencies.)

The generic competencies include:

1) Self-awareness and openness
2) Knowledge of the aging process
3) Communications skills
4) Interview and assessment techniques
5) Helping skills
6) Group facilitation skills
7) Programming skills
8) Referral skills
9) Case management skills
10) Advocacy skills
11) Professionalism

Phase 5 - Reviewing the reformulated competencies. The reformulated list of competencies was presented to the council for a second review. The members considered completeness and appropriateness of the competencies and approved the list unanimously. Several judges noted that the competencies are relevant to all direct mental health work with older clients regardless of the level of worker, but that the level of mastery would vary. It will be important in future work to evaluate the adequacy of this competency list in field settings and to clarify standards measuring different levels of mastery.

The list helped us design a multi-disciplinary two-year training program to prepare students in the full range of identified competencies. (Should you wish further information about the program, please contact us.)

Discussion - A controversial aspect of this effort to define competencies for mental health paraprofessionals in gerontology is whether it is appropriate and realistic to expect people without graduate training to perform such responsible, complex tasks. Can paraprofessionals do a competent job of providing mental health services to older clients, or will we be offering our elders second-rate help? Can workers with only two years of training really be effective? Is it realistic to expect workers to attain acceptable levels of mastery of these competencies within two years?

There is substantial empirical evidence that the answer to each of these questions is "yes". Research on the performance of mental health paraprofessionals in each of the generic competencies with various populations, including the elderly, in the full range of service settings has clearly demonstrated clinical effectiveness comparable to that of professionals (Brown, 1974; Durlak, 1979; Nash, Lifton, and Smith, 1978). With clients that differ socially from professionals, paraprofessionals are often more effective. Approximately 200 colleges in the country offer undergraduate mental health training programs that have successfully produced competent workers in the generic skills areas included in this list.

A difficult issue is how to differentiate between tasks appropriate to paraprofessionals and ones that are best "reserved" for professionals. We take a relatively radical stance: the decision should be based on the worker's competence. In practice, we expect that particularly complex and/or sophisticated tasks, such as intensive psychotherapy, managing unusually complicated cases, supervision, or administration, would generally require the skills of a professional. Certain tasks appear especially suited for paraprofessionals, such as information-giving, referral, outreach, escort services, and activities programming. But many tasks - counseling, advocacy, and case management, for example - overlap levels of workers. In our view, the specific situation and skills of available staff should be assessed carefully to determine the most effective and cost-efficient staff assignment.

However the tasks are allocated between professionals and paraprofessionals, it will be important to define the tasks, roles, and responsibilities of workers clearly. Paraprofessionals should be viewed as more than "assistants" and should be given the support and autonomy necessary to successfully carry out their duties. As paraprofessional workers gain experience, they should also have opportunities for advancement - even to professional positions should they be competent to perform those roles without traditional professional training.

In reality, the paraprofessional is often the "front line" worker. Older people with mental health problems frequently come to the attention of an outreach worker, an information and referral worker, a nutrition site supervisor, a housing aide or other such individual. In some cases, the help that these workers can provide can prevent or forestall more serious problems. In others, the paraprofessional may help the older person who refuses professional treatment or does not have adequate access to it. And in other cases, the paraprofessional can act as an important link between the client and the formal mental health service network. Paraprofessionals can also be part of a treatment team, carrying out less specialized and/or more time-consuming tasks and observing signals that changes in a service package may be needed.

There are not enough mental health professionals to meet all the mental health needs of the elderly, especially for preventive and maintenance care. Also, funding for mental health services is chronically tight. According to Durlak,

> "The plain and simple truth is that the future delivery of more appropriate mental health services to the general population will be ultimately related to the mental health professional's ability to make maximum and judicious use of non-professional manpower in direct service roles (1973,p.301)."

To translate this into action, we must clearly identify what paraprofessionals can potentially do and provide the necessary training and support to actualize that potential.

Our effort to define competencies for mental health paraprofessionals working with the elderly is only a beginning. Training designed to prepare paraprofessionals to master those skills must become available nationally. (See Weg, 1973: Schaie, 1978). Standards of mastery that are realistic for paraprofessionals and assessment techniques to measure mastery must be established. Most important, the validity of these competencies must be tested by evaluating the impact of services provided by trained paraprofessionals upon the mental well-being of older clients. We hope that our effort to define the competencies that mental health paraprofessionals in aging can master will help to increase both the quantity and quality of mental health care for our elders.

POSSIBLE JOB ROLES FOR PARAPROFESSIONALS IN GERONTOLOGY

Geriatric outreach worker

Psychiatric aide

Counselor in gerontological setting

Nursing home aide

Senior citizen co-ordinator (for municipal and church program)

Crisis intervention worker

Transportation program co-ordinator

Activity co-ordinator

Homemaker - home health aide

Nutrition site supervisor

Advocate for senior rights

Information and referral worker

Resident advisor in housing complexes for older people

Volunteer co-ordinator

Senior center worker

APPENDIX B

COMPETENCIES FOR MENTAL HEALTH PARAPROFESSIONALS IN GERONTOLOGY

1. Self awareness and openness

   General awareness of one's beliefs, values, strengths, and limitations; commitment to personal growth and openness.

   Special awareness of one's beliefs, attitudes, and feelings regarding aging, the aged, death, and dying; willingness to resolve one's preconceptions, fears, denials, and biases toward these subjects.

2. Knowledge of the aging process.

   General understanding of physical, psychological, and social processes.

   Special understanding of age-related physical, psychological, and social changes; recognition of the distinction between normal and abnormal aging.

3. Communications skills.

   General ability to attend, empathize, and respond effectively with warmth and respect.

   Special ability to compensate for physical and/or mental limitations which may create communication difficulties for some older clients.

4. Interviewing and assessment techniques.

   General ability to gather relevant information by observation and by informal and formal interviewing methods, evaluate strengths and limitations of clients; and determine appropriate service needs.

   Special knowledge of assessment tools and techniques to determine the physical, psychological, and social functioning of older clients.

5. Helping skills.

   General ability to assist clients with solving problems and changing behavior.

   Special understanding of the problems which are common in the later years in the physical, psychological, and social realms.

6. Group facilitation skills.

   General understanding of group processes; ability to facilitate informal and formal groups.

   Special understanding of approaches and uses of group work with older clients.

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7. Programming skills.

   General ability to plan, implement, and evaluate therapeutic activities.

   Special knowledge of activities appropriate to older clients with diverse interests and various levels of functioning.

8. Referral skills.

   General ability to recognize client needs beyond the scope of the worker's knowledge and abilities; familiarity with available community resources; ability to interpret services and regulations of community agencies and programs; ability to assist and follow-up client referrals.

   Special familiarity with community agencies and programs available to older people.

9. Case management skills.

   General ability to help clients co-ordinate services from various programs and agencies; understanding and ability to assist and involve clients' "natural" support networks (e.g., family, friends, neighbors, church, etc.).

   Special understanding of family and other "natural" supports available to older clients; ability to assist and involve those supports as appropriate.

10. Advocacy skills.

    General understanding of legal rights of citizens and channels for securing those rights; general ability to act on behalf of individual clients and groups and to help clients act effectively on their own behalf.

    Special understanding of legal rights, problems, and other social policy issues affecting older people.

11. Professionalism

    General commitment to respect clients' autonomy and right to confidentiality; personal objectivity, reliability, and responsibility; ability to work as a member of a team; willingness to work within the limits set by agency policies.

    Special commitment to appreciate, respect, and assist older people and to encourage them to function at their optimal capacity.

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Step One: Identified Jobs

This was done through interviews with practitioners, review of Area Agency on Aging records and literature review.

Step Two: Identified Tasks

A list of job tasks were developed by reviewing job descriptions, interviewing practitioners (both professional and paraprofessional), literature review, and surveying the Gerontology Advisory Committee.

Step Three: Formulated competencies, including knowledge, skills and attitudes needed by Gerontology paraprofessionals.

Step Four: Validated Competencies

The competencies were validated by the consensus of the Gerontology Advisory Committee. Also, informal evaluations of the competencies were obtained from Gerontologists throughout the United States.

Step Five: Matched Competencies to Existing Courses and Identified Need for New Courses.

A Surveyed the Advisory Committee and local practitioners regarding curriculum needs and interests.
B Matched competencies to existing mental health curriculum.
C Identified new courses to satisfy remaining competency requirements.

Step Six: Designed Certificate and Associate Degree Curricula.

Step Seven: Developed new courses, including outline, objectives (student competencies), and rationale.

Step Eight: Developed modules, including outline, objectives (student competencies), suggested presentation methods, resources, rationale.

An extensive literature review facilitated the development of each of the modules. KWIC Astra (Duke University) Services assisted us with the process.

Step Nine: Evaluation and Revision of Modules.

Effectiveness of the modules was evaluated through student feedback and by traditional measures of student performance. When necessary, modules are revised.

Step Ten: Future Tasks

In order to improve and evaluate both the quality and impact of this program, additional follow-up is planned.

Possible Job Roles for Paraprofessionals in Gerontology

Geriatric outreach worker

Psychiatric aide

Counselor in gerontological setting

Nursing home aide

Senior citizen co-ordinator(for municipal and church program)

Crisis intervention worker

Transportation program co-ordinator

Activity co-ordinator

Homemaker - home health aide

Nutrition site supervisor

Advocate for senior rights

Information and referral worker

Resident advisor in housing complexes for older people

Volunteer co-ordinator

Senior center worker

STEP TWO
Part A

SURVEY COMPLETED BY ADVISORY COMMITTEE

The list below includes skills, techniques, and knowledge areas which may be appropriate for paraprofessionals in gerontological settings. Please rate their importance according to the following code:

1. ESSENTIAL
2. IMPORTANT
3. HELPFUL
4. IRRELEVANT OR INAPPROPRIATE

_____ Ability to make appropriate referrals to community agencies

_____ Crisis intervention techniques

_____ Familiarity with government benefits program (Medicare, Social Security) and ability to assist with completion or necessary forms

_____ Assertiveness skills

_____ Ability to plan and prepare nutritionally balanced meals

_____ Ability to recognize physical signs which may require medical attention

_____ Time management skills

_____ Familiarity with methods of assisting physically impaired (transferring, dressing, etc.)

_____ Ability to set appropriate personal boundaries (objectivity)

_____ Empathy skills

_____ Ability to plan, set up, and implement learning and treatment experiences

_____ Ability to assist with walking, simple exercises, using appliances under guidance of a physical therapist

_____ Familiarity with signs of possible substance misuse

_____ Ability to function as a member of a team

_____ Arts and crafts skills

_____ Communications skills

_____ Reality therapy techniques

_____ Other: (Specify)

(See other side...)

STEP TWO
Part B

LITERATURE REVIEW: SELECTED READINGS

Plans for Teaching Mental Health Workers: Community College Curriculum Objectives, McPheeters, H.L., King, J.B., Southern Regional Education Board, Atlanta, Georgia: 1971.

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COMPETENCIES FOR MENTAL HEALTH PARAPROFESSIONALS IN GERONTOLOGY

1. Self awareness and openness

   General awareness of one's beliefs, values, strengths, and limitations; commitment to personal growth and openness.

   Special awareness of one's beliefs, attitudes, and feelings regarding aging, the aged, death, and dying; willingness to resolve one's preconceptions, fears, denials, and biases toward these subjects.

2. Knowledge of the aging process

   General understanding of physical, psychological, and social processes.

   Special understanding of age-related physical, psychological, and social changes; recognition of the distinction between normal and abnormal aging.

3. Communications skills

   General ability to attend, empathize, and respond effectively with warmth and respect.

   Special ability to compensate for physical and/or mental limitations which may create communication difficulties for some older clients.

4. Interviewing and assessment techniques

   General ability to gather relevant information by observation and by informal and formal interviewing methods, evaluate strengths and limitations of clients; and determine appropriate service needs.

   Special knowledge of assessment tools and techniques to determine the physical, psychological, and social functioning of older clients.

5. Helping skills

   General ability to assist clients with solving problems and changing behavior.

   Special understanding of the problems which are common in the later years in the physical, psychological, and social realms.

6. Group facilitation skills

   General understanding of group processes; ability to facilitate informal and formal groups.

   Special understanding of approaches and uses of group work with older clients.

7. Programming skills

General ability to plan, implement, and evaluate therapeutic activities.

Special knowledge of activities appropriate to older clients with diverse interests and various levels of functioning.

8. Referral skills

General ability to recognize client needs beyond the scope of the worker's knowledge and abilities; familiarity with available community resources; ability to interpret services and regulations of community agencies and programs; ability to assist and follow-up client referrals.

Special familiarity with community agencies and programs available to older people.

9. Case management skills

General ability to help clients co-ordinate services from various programs and agencies; understanding and ability to assist and involve clients' "natural" support networks (e.g., family, friends, neighbors, church, etc.).

Special understanding of family and other "natural" supports available to older clients; ability to assist and involve those supports as appropriate.

10. Advocacy skills

General understanding of legal rights of citizens and channels for securing those rights; general ability to act on behalf of individual clients and groups and to help clients act effectively on their own behalf.

Special understanding of legal rights, problems, and other social policy issues affecting older people.

11. Professionalism

General commitment to respect clients' autonomy and right to confidentiality; personal objectivity, reliability, and responsibility; ability to work as a member of a team; willingness to work within the limits set by agency policies.

Special commitment to appreciate, respect, and assist older people and to encourage them to function at their optimal capacity.

Following is a comprehensive list of the members of the Mental Health/Gerontology Advisory Committee.

Name:	Agency Affiliation:
Karen Beyer	Family Service Association, 164 Division St. Elgin, IL 60120
Susan Cincinelli	Oak Crest Residence, 204 S. State St.,Elgin
Marc Cleworth	Elgin Golden K's (Kiwanis), P.O.Box 165,Elgin
Maurine Culleeney	St. Joseph Hospital, 77 N. Airlite, Elgin
Judith Fischer	32 Lockman Cr., Elgin, IL 60120
John Kluczynski	Kane County Diagnostic Center, P.O.Box 143 Geneva, IL 60134
Janette Krupsaw	Greater Elgin Senior Center, 1 N. Geneva,Elgin
Lt.Col.Dallas Leader	Kane County Nutrition Program, 202 W. Main St., Room 212, St. Charles, IL 60174
Munn MacLachlan	Elgin Mental Health Center, 750 S. State St.,Elgin
Dr. Barry Rabin	St. Joseph Hospital, 77 N. Airlite, Elgin
Ruth Raithel, DoN	Americana Healthcare Center, 180 S. State St.,Elgi
Randy Ross	Department of Mental Health Elgin Mental Health Center, 750 S. State St.,Elgin
Judy Skirmont	Senior Planning and Services 1035 E. State St. Geneva, IL 60134
Phil Truckenbrod	Elgin Mental Health Center, 750 S. State St.,Elgin

Reproduced excerpt of Minutes from the June 6, 1979 Mental Health/Gerontology Advisory Committee Meeting.

Program Competencies:

"The committee discussed the list of competencies for program graduates. Janette Krupsaw noted that the competencies were very idealistic and suggested that the program not be considered a failure should individual graduates fail to achieve high levels of skill in all areas. Several members concurred about the idealism but agreed that the competencies should stand as goals.

There was also some discussion about terminology - committee members felt that "competency" was jargon: "Skill" was suggested as a more appropriate term. Judy Fischer questioned the possibility of evaluating competency in a field setting. Mich Barbezat said that this is done in the field experience and could be done after program completion also. Overall, committee members thought that the proposed competencies were comprehensive and appropriate.

A motion was made to approve the competency list and an unanimous vote carried the motion.

(See Step 10 for additional plans for validating competencies.)

STEP FIVE
Part A

Survey of the Advisory Committee and local practitioners regarding curriculum needs and interests:

Please rate the subject areas below according to their importance for a curriculum for gerontology paraprofessionals.

Use the following code:

1. ESSENTIAL
2. IMPORTANT
3. HELPFUL
4. IRRELEVANT OR INAPPROPRIATE

_____ Health aspects of aging

_____ Introduction to human services

_____ Dealing with Death

_____ Community mental health services

_____ Introduction to psychology

_____ Gerontology in a social setting

_____ Socialization activities and remotivation

_____ Food and nutrition for the elderly

_____ Introduction to group processes

_____ Group processes and dynamics (advanced)

_____ Field internship in gerontology

_____ Psychology of aging

_____ Intervention techniques

_____ Family in later life

_____ Advocacy for Senior Citizens

_____ Economics in the later years

_____ Other topic: (Specify)_____

_____

(see other side)

GERONTOLOGY COURSES AND PROGRAM COMPETENCIES

At the May 4 meeting of the Gerontology Advisory Committee, project staff distributed a list of "Competencies for Mental Health Paraprofessional in Gerontology." The project staff is recommending that those competencies be adopted as the basis for the associate of applied science degree in gerontology/mental health. Program completors will be expected to master those competencies.

To further discussion of the competencies, committee members asked that project staff prepare a list indicating which courses will emphasize which competencies, as we have done below.

1. Self-awareness
   General - Introduction to Human Services (HUS 101)
   Special - Gerontology in a Social Setting (HUS 102)

2. Knowledge of the aging process
   General - Prior knowledge, Introduction to Psychology (PSY 100)
   Special - All gerontology courses

3. Communications skills
   General - Introduction to Human Services (HUS 101) and
   Intervention Gechniques (MEN 213)
   Special - Mental Health: Aspects of Aging (MEN 220)

4. Interviewing and assessing techniques
   General - Community Mental Health Services (MEN 102)
   Special - Mental Health: Aspects of Aging (MEN 220)
   plus all gerontology courses as relating to topic

5. Helping skills
   General - Intervention Techniques (MEN 213)
   Special - Mental Health: Aspects of Aging (MEN 220)
   plus field experience

6. Group facilitation skills
   General - Introduction to Group Processes (GCC 205)
   Group Processes and Dynamics (MEN 206)
   Special - Group Processes and Dynamics (MEN 206)

7. Programming skills
   General - Socialization Activities and Remotivation (MEN 103)
   Special - Socialization Activities and Remotivation (MEN 103)
   Mental Health: Aspects of Aging (MEN 220)

(over)

STEP FIVE
Part B Cont'd.:

GERONTOLOGY COURSES AND PROGRAM COMPETENCIES

8. Referral skills
   General - Community Mental Health Services (MEN 102)
   Special - Gerontology in a Social Setting (HUS 103)
   plus field experience

9. Case Management skills
   General - Introduction to Human Services (HUS 101)
   Special - Gerontology in a Social Setting (HUS 103)
   Family in Later Life (HUS 204), field experience

10. Advocacy skills
   General - Introduction to Human Services (HUS 101)
   Special - Gerontology in a Social Setting (HUS 103)

11. Professionalism
   General - All human service/mental health courses
   Special - All gerontology courses, particularly field experience.

STEP FIVE
Part C

NEW GERONTOLOGY COURSES

1. Aging and Health
2. Gerontology in a Social Setting
3. Mental Health: Aspects of Aging
4. Family in Later Life
5. Nutrition for Older Adults
6. Field Experience I and II and Seminar

VOCATIONAL SPECIALIST IN MENTAL HEALTH (GERONTOLOGY OPTION)

(1-Year Certificate Program)

FIRST SEMESTER		SEMESTER HOURS
HUS 101	Introduction to Human Services	4
HUS 102	Aging and Health	3
HUS 103	Gerontology in a Social Setting	3
PSY 100	Introduction to Psychology	3
MEN 213	Intervention Techniques	3
		16

SECOND SEMESTER		
MEN 103	Socialization Activities & Remotivation	4
MEN 201	Field Experience I and Seminar	5
MEN 220	Mental Health: Aspects of Aging	3
GCC 205	Introduction to Group Processes	3
	Communications Elective	3
		18

STEP SIX
Part B

ASSOCIATE OF APPLIED SCIENCE DEGREE IN GERONTOLOGY MENTAL HEALTH*

FIRST SEMESTER		SEMESTER HOURS
HUS 101	Introduction to Human Services	4
HUS 102	Aging and Health	3
HUS 103	Gerontology in a Social Setting	3
PSY 100	Introduction to Psychology	3
	Communications Elective	3
		16 Total

SECOND SEMESTER		
MEN 102	Community Mental Health Services	4
MEN 103	Socialization Activities and Remotivation	4
MEN 220	Mental Health: Aspects of Aging	3
GCC 205	Introduction to Group Processes	3
	Communications Elective	3
		17 Total

THIRD SEMESTER		
MEN 201	Field Experience I and Seminar	5
MEN 213	Intervention Techniques	3
HUS 204	Family in Later Life	3
GCC 206	Group Processes and Dynamics	4
		15 Total

FOURTH SEMESTER		
MEN 202	Field Experience II and Seminar	5
HUS 205	Nutrition for Older Adults	3
	Math/Science Elective	3
	Humanities Elective	3
		14 Total

*Pending State approval.

COURSE OUTLINE HUS 102 AGING AND HEALTH

I DESCRIPTION
This course will examine current theories of the aging process, normal changes accompanying aging, and common chronic health problems of older people. Emphasis will be on ways of helping older people maintain good health and assisting physically impaired people to function at their optimal level. Basic nutrition for the later years will also be discussed.

II TEXTBOOKS (Recommended, Required):
Kart, Cary S., Metress, Eileen S., and Metress, James F., Aging and Health: Biologic and Social Perspectives.

III RESERVE BOOKS:
Comfort, Alex, A Good Age.
American Medical Association, The Quality of Life: The Later Years
Finch, Caleb and Hayflect, Leonard, Handbook of the Biology of Aging
Galton, Lawrence, Don't Give Up on an Aging Parent
Weg. Ruth, Food and Nutrition for the Later Years

IV AUDIO/VISUAL MATERIALS AVAILABLE FOR CLASS AND IN LEARNING RESOURCE CENTER
Filmstrips:
Perspectives on Aging: Physical Changes and Their Implications
Perspectives on Death and Dying Series
Human Sexuality with Aging

Films:
Age Related Sensory Losses
Food for Older Folks
Health During the Retirement Years

V OBJECTIVES OF COURSE
At the conclusion of the course, students should be able to:
1. Identify and describe the major age-related changes in biological functioning.
2. Describe the influence of major disease processes on functional capacities of the elderly.
3. Recognize signs indicating the need to seek medical attention for an older person.
4. Identify and discuss techniques for assisting older people with sensory losses and physical impairments adapt and function at their optimal level.
5. Discuss the principles of maintaing good health and physical fitness in the later years, including basic nutrition for the elderly.

VI TOPIC OUTLINE SUMMARY
1. Overview: Patterns of health and illness among the aged
2. Normal age-related changes
3. Abnormal aging: signs and symptoms of disease
4. Chronic illness
5. Substance use and misuse
6. Death and dying
7. Mental health aspects of aging
8. Sexuality
9. Nutrition
10. Physical fitness
11. The health care system

(over)

COURSE OUTLINE HUS 102 AGING AND HEALTH

VII METHODS OF PRESENTATION
- Lecture
- Audio-visual materials
- Discussion
- Guest speakers

VIII METHOD OF EVALUATION
- Examinations
- Field exercises
- Classroom participation

COURSE OUTLINE HUS 103 GERONTOLOGY IN A SOCIAL SETTING

I DESCRIPTION
The place of older people in society will be explored, including attitudes toward aging, myths about aging, social characteristics of the older population, and roles and role loss in the later years. Special needs of older people in family, economic, health care, housing, and other social settings will be examined, and community resources for meeting these needs will be discussed.

II TEXTBOOKS (Recommended, Required)
Kalish, Richard, The Later Years: Social Applications of Gerontology
Butler, Robert, Why Survive?

III RESERVE BOOKS:
Atchley, Robert, The Social Forces in Later Life
Ginsberg, Leon and Harbert, Anita, Human Services for Older Adults: Concepts and Skills
Hendricks, J, and Hendricks, C.L., Aging in Mass Society
NCOA, Myths and Realities on Aging

IV AUDIO/VISUAL MATERIALS AVAILABLE FOR CLASS AND IN LEARNING RESOURCE CENTER:
Filmstrips:
Perspectives on Aging: Myths and Realities
Perspectives on Aging: Old People's Home
Films:
Peege
It's Never Too Late
Slide/tape:
Options for Seniors: Community Services

V OBJECTIVES OF COURSE
At the conclusion of the course, the student should be able to:
1. Identify current societal attitudes regarding aging and the aged
2. Examine his/her own attitudes toward aging and the aged
3. Describe actual and potential roles and role changes available to persons in later years
4. Assess the impact of economics, social forces, cultural value systems and social institutions on the needs and characteristics of the elderly
5. Describe the major social theories of aging and discuss their main strenghts and weaknesses
6. Identify community services and resources available to meet the needs of older people in family, economic, legal, housing, health care, and other social contexts

(over)

STEP SEVEN

Part B Cont'd.:

COURSE OUTLINE HUS 103 GERONTOLOGY IN A SOCIAL SETTING

VI TOPIC OUTLINE SUMMARY

1. Myths and realities of aging
2. Who are the aged: A demographic view
3. Cultural patterns of aging
4. Social roles for the later years.
5. The family context of aging
6. The economic context of aging
7. Housing the elderly
8. Health care
9. Retirement and leisure
10. Community services: Alternatives to institutionalization
11. Institutionalized aged
12. Law and aging
13. Public policy and planning: The emerging field of gerontology

VII METHODS OF PRESENTATION:

Lecture
Audio-visual materials
Discussion
Experiential exercises

Gerontology practitioners from the community will also be invited to discuss their area of expertise, including specialists in:

Social Security/Medicare
Legal Rights
Community Services for the Frail Elderly

VIII METHOD OF EVALUATION

Examinations
Field exercises
Participation in classroom discussion

COURSE OUTLINE MEN 220 MENTAL HEALTH ASPECTS OF AGING

I DESCRIPTION
Psychological processes in the later years will be examined, with special emphasis on mental health problems such as loss, functional disorder, and organic brain syndrome ("senility"). Practical counseling skills for helping older people and their families will also be taught.

II TEXTBOOKS (Recommended, Required)
Butler, Robert and Lewis, Myrna, Aging and Mental Health: Positive Psychosocial Approaches (second edition)
Kalish, Michard, Late Adulthood: Perspectives on Human Development

III RESERVE BOOKS
Alpaugh, P. and Haney, M., Counseling the Older Adult
Birren, J.E. and Schaie, K., Handbook of the Psychology of Aging
Botwinick, J., Aging and Behavior
Burnside, I.M., Working with the Elderly: Group Processes and Techniques
Eisdorfer, C. and Lawton, M.P., The Psychology of Adult Development and Aging
Kastenbaum, R.J. and Aisenberg, R., The Psychology of Death
Kubler-Ross, E., On Death and Dying
Neugarten, B.(ed.), Middle Age and Aging

IV AUDIO/VISUAL MATERIALS AVAILABLE FOR CLASS AND IN LEARNING RESOURCE CENTER:
Films:
The Whisperers
The Blessings of Love
Stringbean
To Die with Dignity
See No Evil: Dependency in a Late Life Relationship
Filmstrips:
Perspectives on Dying
Loss and Grief

V OBJECTIVES OF COURSE
At the end of the course, students should be able to:
1. Identify and discuss normal psychological processes in the later years
2. Describe the common emotional stresses which older people face, particularly those related to losses of spouse, friends, health, income, etc.
3. Complete a basic assessment of the psycho-social needs of older clients
4. Have a beginning ability to counsel older people and their families using client-centered helping techniques
5. Recognize signs of psychiatric disorders among the elderly, both functional and organic, which may require professional attention
6. Describe the mental health care services available to older adults and make appropriate referrals

(over)

COURSE OUTLINE MEN 220 MENTAL HEALTH ASPECTS OF AGING

VI TOPIC OUTLINE SUMMARY:

1. Basic aging processes
2. Self and personality in the later years
3. Social support systems
4. Common emotional problems: coping with loss
5. Psychiatric disorders: functional and organic
6. Assessing psycho-social needs
7. Intervention techniques
8. Working with groups of older adults
9. Working with families of older adults
10. Working with the dying
11. Mental health care services: community & institutional settings
12. Introduction to advanced therapy approaches

VII METHODS OF PRESENTATION

Lecture
Discussion
Small group exercises
Role playing
Guest speakers

VIII METHODS OF EVALUATION

Examination
Participation
Practice case histories/role playing
Field project

SAMPLE MODULE

GERONTOLOGY IN A SOCIAL SETTING

MODULE 1

MODULE TITLE:

Views of Aging.

SYNOPSIS:

This explores personal and social views of aging; the consequences of those views for the treatment of the elderly; and basic facts about aging to correct common myths and stereotypes.

RATIONALE:

Attitudes toward old age shape the ways that people behave toward the elderly; if those attitudes are based on inaccurate assumptions, then that behavior is likely to be inappropriate. The purpose of this module is to help students develop realistic views of aging. It examines beliefs about aging held by students and by the general public, and it presents basic facts about aging to refute common misconceptions. The module begins with students' personal views in order to increase their openness and involvement. Discussing prevalent social perspectives will prepare students to understand society's treatment of the aged.

Effective human service/mental health work with the elderly requires objectivity. Self-awareness will help students accurately assess the strengths and needs of elderly clients, while familiarity with prevalent assumptions about aging will help them counter misconceptions among others whose behavior affects the lives of older people.

Instructor's note: There is a tendency among many students - and in many of the resource materials on attitudes toward the elderly - to emphasize ageism and age discrimination. While these are critical issues, it is important to balance them with less pessimistic views to avoid setting a completely negative and muckraking tone.

RESOURCES:

1) Printed materials. (Full references in bibliography.)

Achenbaum, W.A. and Kusnerz, P.A., Images of Old Age in America: 1790 to the Present.

Butler, R.N., Why Survive?

Chapter 1, "The Tragedy of Old Age in America", provides a well-organized discussion of ageism, including myths about aging, the roots of ageism, and age discrimination. Muckraking tone, good documentation.

Cameron, M.J., Views of Aging.

Instructor's resources and suggested learning activities. See especially pages 3-10 and 135-145. The related paper by Manney, "Concepts and Issues in Aging," pages 85-99, is helpful for points to include in lecture and/or discussion.

Comfort, A., A Good Age.

The "Introduction" is a lively discussion of ageism and old age, less systematic than Butler but more positive in tone.

Cowgill, D.O. and Holmes, L.D., Aging and Modernization.

Fischer, D.H., Growing Old in America.

The concluding chapter, pages 220 to 231, provides a good brief summary of the history of attitudes toward old age in the U.S.

Goody, J.,"Aging in Nonindustrial Societies."

Gross, R., et.al., The New Old.

Several articles in Parts I and III deal with attitudes toward the elderly, emphasizing ageism. Also includes a long summary article on the Harris survey (see below).

Gutmann, D., "The Country of Old Man."

Interesting study of cross-cultural similarities and differences in the sense of mastery among older men.

Harris, L. and Associates, The Myth and Reality of Aging in America.

Reports a large-scale survey of attitudes and beliefs about aging among the general public and among the elderly themselves.

Hendricks, J. and Hendricks, C.D., Aging in Mass Society.

Chapter 1 introduces aging as an issue; Chapter 2 examines views of aging in historical perspective.

Maddox, G., "Growing Old: Getting Beyond the Stereotypes."

Palmore, E., "Attitudes Toward Aging as Shown by Humor."

Palmore, E., "Facts on Aging: A Short Quiz."

This self-scoring quiz provides a good opening for a discussion of misconceptions about aging. Documentation of answers is included.

Philibert, M., "Philosophies of Aging."

2) Audio-visual materials. (Full references in audio-visual resource list.)

"Crosscurrents" (film).

"A Matter of Indifference" (film).

"Perspectives on Aging - Myths and Realities of Aging" (filmstrip).

This 30-minute filmstrip provides a balanced overview of old age. Study guide available.

"Step Aside, Step Down" (film).

"Trigger Films" (film).

Four two-minute films are meant to spark discussion of several key issues related to aging.

(over)

TOPICS	STUDENT COMPETENCIES: At the end of the module, students should be able to--	SUGGESTED PRESENTATION METHODS
A. Personal views of aging	1. Acknowledge their own age-related beliefs, attitudes, and feelings.	a. Show several of the Trigger Films on Aging. Allow time after each brief film for student reactions and discussions. b. Administer the Palmore quiz and have students correct their own quizzes. Discuss answers which surprise students and biases revealed by their errors. c. Devise a series of sentences for students to complete about their feelings toward aging. (Examples: "Retirement is....", What I fear about old age is ...")· Have students discuss responses in small groups.
B. Social views of aging	2. Describe the prevalent views of old age in the U.S. and identify historical factors which have shaped those views.	a. Lecture/discussion on prevalent social views of aging and their historical development. Many materials are available on these topics (see resources), but the main points to emphasize are: 1) the overall negative view of old age in contemporary society and 2) the impact of modernization in limiting the role of the elderly. b. Have students take a portion of the Harris survey and compare their responses to actual results. c. Show the film, A Matter of Indifference.
C. Myths and stereotypes	3. Define "ageism" and identify factors which contribute to stereotyping of the elderly.	a. Invite a guest speaker (or panel) from a local senior organization (A.A.R.P., Gray Panthers, senior clubs, etc.) to discuss myths about aging.

(over)

TOPICS	STUDENT COMPETENCIES: At the end of the module, students should be able to--	SUGGESTED PRESENTATION METHODS
	4. Recognize and refute common fallacies about aging and the aged.	b. Have students generate a list of statements used to describe the elderly. Discuss the accuracy of each statement and why misconceptions persist. c. Show the filmstrip, Myths and Realities of Aging.
D. The impact of attitudes on behavior.	5. Give examples of how attitudes toward the elderly affect the social opportunities and supports available to them.	a. Any method under Topic C can be extended to include discussion of how each attitude shapes behavior.
	6. Discuss the importance of viewing each older person as a unique individual.	b. Summary lecture on views of aging discussed in module, emphasizing the danger of generalization because of the heterogeneity of the older population.

COURSE #_____ MODULE #_____ DATE_____ INSTRUCTOR:_____

1. The objectives of this module were clearly stated.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

2. I understand the relevance of the objectives for working with the elderly.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

3. The material was adequately covered through: (mark all that apply)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. Lecture	1	2	3	4	5
b. Film	1	2	3	4	5
c. Demonstration	1	2	3	4	5
d. Discussion	1	2	3	4	5
e. Readings	1	2	3	4	5
f. Other (specify)	1	2	3	4	5

_____

_____

4. Adequate time was allowed for questions and answers.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

5. I have achieved the objectives of the module.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

6. The class session was interesting and worthwhile.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

7. For Comments use back of page....

FUTURE TASKS

#1 Clearly define indicators (standards) of "adequate" performance for each competency.

#2 Provide follow-up on trainee performance in field experience and on-the-job.

#3 Evaluate the impact of training on service delivery.